

**HOUSTON INDEPENDENT SCHOOL DISTRICT
OFFICE OF SPECIAL EDUCATION SERVICES**

Transition Planning Services: Student Input Form

Student _____ **Date** _____

Transition refers to a set of activities to help you go from school to life after-high school. The information you provide will be used during your ARD/IEP committee meeting. School staff will meet with you prior to the ARD/IEP committee meeting to talk with you about the information you provide on this form. Please complete the input form and return to the person below. Thank you for your assistance

Return Form to _____ **By** _____
Name Date

I. Post-Secondary Education and /or Training (check all that apply):

☐ Go to college ☐ Enlist in the military
☐ Find a job ☐ Go to a training school
☐ Seek additional technical training
☐ Other _____

II. Post-Secondary Employment (check all that apply):

☐ Work in a full time job
☐ Work in a part time job
☐ Do volunteer work
☐ Be self-employed _____
Type of business

In which type of job do you see yourself after high school?

Do you have any work experience? ____ yes* ____no

*If yes, describe below.

How do you help your parents at home? ____yes* ____no *If yes, tell how you help below.

If you could have any job in the world, what would your dream job be? _____

What are you best at (in school, at home)?

**III. The first year after graduation, where do you plan to live?
(Check all that apply):**

- | | |
|---|---|
| <input type="checkbox"/> Home with parent(s) | <input type="checkbox"/> In the military |
| <input type="checkbox"/> My own place | <input type="checkbox"/> With a roommate/friend |
| <input type="checkbox"/> Group home | <input type="checkbox"/> With relative(s) |
| <input type="checkbox"/> Dormitory at college | <input type="checkbox"/> Other |
- (describe) _____

Where do you see yourself living, **five years** after graduation?

IV. Recreation and Leisure Activities (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Lifting weights | <input type="checkbox"/> Bowling | <input type="checkbox"/> Playing video games |
| <input type="checkbox"/> Jogging | <input type="checkbox"/> Dancing | <input type="checkbox"/> Attend sporting events |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Fishing | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Riding a bike | <input type="checkbox"/> Listening to Music | <input type="checkbox"/> Playing/watching sports |
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Going to the mall | <input type="checkbox"/> Watching TV/Videos/DVD |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Visiting friends | <input type="checkbox"/> Attending concerts |
| <input type="checkbox"/> Other (describe) | <input type="checkbox"/> Participating in arts and crafts | |

When you have free time what do you like to do most?

**V. Transportation
: (check all that apply)**

Vehicle

- ☐ Drive vehicle
☐ Driven by family/friend

Bus

- ☐ Use Metro independently
☐ Use Metro with assistance

Walk

- ☐ Walk without assistance
☐ Walk with assistance

Bicycle

- ☐ Ride a bike without assistance

☐ Other (describe) _____

Interviewed or completed by _____
Signature **Title**